

State of Hawaii  
Department of Transportation  
Statewide Transportation Planning Office

Federal Transit Administration (FTA) Section 5310 Program  
Capital Assistance for the Transportation of the Elderly and Disabled

Annual Recipient Organization Report  
For the Calendar Year – \_\_\_\_\_

After the end of each calendar year the Annual Recipient Organization Report must be completed and certified by the Recipient Organization. The reports are due to the Statewide Transportation Office thirty (30) days after the end of each quarter.

I. General Information

A. Name of Recipient Organization:

B. Address:

C. Organization Director and Title:

D. Telephone:

E. Fax:

F. Email:

G. Website:

II. Organization Information

A. Service Area

Identify the Recipient Organization's total service area, in terms of regions, communities and towns. The total service area is the regions, communities and towns the clients reside from. And, indicate whether the total service area identified has a population of less than 200,000 or equal or greater than 200,000.

☐ Population less than 200,000 (Non-Urbanized Area)

☐ Population equal or greater than 200,000 (Urbanized Area)

B. Organizational Structure

Identify the Recipient Organization's organization structure, and any changes during the calendar year. If available, attach an organization diagram.

C. Number of Employees

For the Recipient Organization, provide the number of employees by category. Do not count employees twice. If the category is not specified, use the blank space.

Category	Number of Employees
Full-time	
Part-time	
Volunteer	
Contract	
Total	

D. Organization Income

For the calendar year, identify the Recipient Organization's sources of income, amounts, and total income amount. If the total income amount has varied from the previous year, explain why. If next year's income is expected to fluctuate, explain why, and whether this will affect the Recipient Organization's financial stability.

E. Organization Expenses

For the calendar year, identify the Recipient Organization's operations and maintenance total expenditure amount. If the identified operations and maintenance total expenditure amount has varied from the previous year, explain why. If next year's expenditures is expected to fluctuate, explain why, and whether this will affect the Recipient Organization's financial stability.

Attach a copy of the Recipient Organization's annual financial report; if not available, submit later.

### III. Transportation Information

#### A. Ethnic Group

For the calendar year, provide by ethnic group the average number of clients served by the Recipient Organization's transportation service programs, by completing the table. The Recipient Organization's transportation service programs include the transportation services that transport clients and do not transport clients.

White		Hawaiian		Chinese	
Japanese		Filipino		Korean	
Vietnamese		Samoan		Hispanic	
African		American Indian			

#### B. Gender

For the calendar year, provide by gender the number of clients served by the Recipient Organization's transportation service programs. Transportation service programs include the transportation services that transport clients and do not transport clients.

Male		Female	
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#### C. Repair & Maintenance

Identify the repair and maintenance provider(s) for the Recipient Organization's fleet.

##### 1. Vehicle Chassis Service Provider

##### 2. Vehicle Body Service Provider

##### 3. Vehicle Lift / Ramp / Gurney Service Provider

#### D. Driver Training

For the calendar year, identify and describe the driver training provided to the Recipient Organization's employees, or attach copies of completed training reports.

E. Coordinated Transportation Services

For the calendar year, identify any coordinated transportation service efforts and their benefits, such as coordinating with other public, private or special needs transportation service agencies. Also, identify any future coordinated transportation efforts, and its benefits and impacts.

F. Transportation Service Changes

For the calendar year, identify any changes to the Recipient Organization's transportation services, and its benefits and impacts to the Recipient Organization's transportation and program services. Also, identify any future transportation service changes, and its benefits and impacts.

G. Vehicle Fleet Information

Complete the Vehicle Fleet Information Table on the following page(s) for all vehicles owned or leased for the Recipient Organization's transportation service for clients. The table requires the following information:

- Year – the year the vehicle was manufactured;
- Make – the vehicle manufacturer, such as Ford, International, Econoline;
- Model – the manufacturer's model of the vehicle, such as S-350;
- License - the vehicle license plate number;
- VIN – the Vehicle Identification Number of the vehicle;
- Odometer– the number of miles on the vehicle odometer;
- Capacity – the total number of passenger and driver seats in the vehicle;
- Lift/Ramp – provide whether the vehicle has a wheel chair lift or ramp, use the terms 'lift' or 'ramp';
- Tiedowns – the type and number of tiedowns in the vehicle, use 'W' for wheelchair and 'G' for gurney, with the number after. For example, 'W2' for two wheelchair tiedown positions;
- Programs – provide the name of Recipient Organization's program(s) that the vehicle services; and
- 5310 ? – identify whether or not the vehicle was purchased with FTA Section 5310 program funding assistance, use 'Y' for yes and 'N' for no.

Name of Recipient Organization:

[illegible]

Name of Recipients Organization:

[illegible]

H. Programs that Use Section 5310 Vehicle(s)

For the calendar year, by Recipient Organization program provide the name and information for the program that utilized FTA Section 5310 funded vehicles. This page must be completed for each program that uses a FTA Section 5310 vehicle.

1. Program Name:

2. Program Services & Transportation Services Provided

Describe the social, health and transportation services the program provides. Provide brochures and pamphlets.

3. Transportation Service Area

Identify the areas the program provides transportation services to.

4. Transportation Days & Hours of Service

Identify the days and hours the program's transportation service is available.

5. Number of Clients Served by the Program

For the year, provide the number of clients served by the program.

6. Single Trips

For the calendar year, provide the number of single vehicle trips used for the program. Single trips are broken into two categories (1) Clients – defined as trips for the transporting of clients, and (2) Non-Clients – defined as trips for clients that are not transporting clients. Client trips must further be broken into trips that transport of the elderly, non-elderly, disabled and non-disabled clients.

Clients	Primary Use	Elderly disabled	
		Elderly non-disabled	
		Non-elderly disabled	
	Incidental Use	Non-elderly non-disabled	
Non-Clients	Incidental Use		

7. Transportation Expenses

For the calendar year, provide for the said program the program's transportation operations and maintenance costs; including driver labor.

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#### IV. Vehicle Information

A. FTA Section 5310 Funded Vehicles

This page must be completed for each FTA Section 5310 funded vehicle.

1. Vehicle License Plate Number:

2. Quarterly Recipient Organization Vehicle Reports

For the calendar year, the Recipient Organization has completed, certified and submitted to the State Department of Transportation four (4) Quarterly Recipient Organization Vehicle Reports for the said FTA vehicle. The reports are due thirty (30) days after the end of each quarter; if not, the Recipient Organization may be found non-compliant with the FTA Section 5310 Program requirements.

☐ Yes ☐ No If no, explain why and provide when the reports will be sent.

3. Vehicle Transportation Service

For the calendar year, has the transportation service or vehicle use changed as described in the approved Application?

☐ No ☐ Yes If yes, describe the changes.

4. Vehicle Incidents

For the calendar year, identify each vehicle incident where damage to the vehicle occurred, such as accidents, collisions, vandalism, and theft; damage done to the vehicle and/or property; human injury; and actions taken by the Organization.

5. Service Incidents

For the calendar year, identify each service incident where the transportation service was disrupted or delayed, such as passenger disturbance, disorderly service animals, assaults, robbery, drug influence, vehicle breakdown, driver no-show, etc.; and actions taken by the Recipient Organization.

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## V. Certifying Authority

I am duly authorized to make the following certification on behalf of the Recipient Organization and based on my position, knowledge and experience with the Recipient Organization the information contained in this Annual Recipient Organization Report, including attachments, is true and correct.

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Signature Title Date